PATENT APPL TION FEE DETERMINATION RECORD

10/52-7450

1		CLAIMS	S AS FILE	D - PART	ı							
	AMOITAIA 2	AL STAGE FEES	(C	(Column 1)		(Column 2)		SMALL E	NTITY	c	OTHI OR SMAL	ER THAN L ENTITY
\vdash		AL STAGE FEES						RATE	FEE		RATE	
BA	ASIC FEE	·		SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		BASIC FEE	100	\exists		FEI
EX	MOITANIMA	FEE	Satisfies P (4) =	CT Article 33(1)- \$ 50 / \$ 100	All	other situations = \$ 100 / \$ 200	1	EXAM. FEE	150			
SE	ARCH FEE		U.S. is ISA ALL othe	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500		SEARCH FEE	1200	\neg	EXAM. FEE	-
FE	E FOR EXTRA	A SPEC. PGS.		minus 100 =		/ 50 =	1		100	4	SEARCH FE	
то	TAL CHARGE	ABLE CLAIMS	15	15 minus 20 = .				X \$ 125 =			X \$ 250 =	=
IND	EPENDENT (CLAIMS	1/2	minus 3 =				X \$ 25 =	ļ	OI	X \$ 50 =	
MU	LTIPLE DEPE	NDENT CLAIM PI	PESENT	11111d3 3 -				X \$ 100 =		OF	X \$ 200 =	
_								+\$ 180 =		OF	+ \$ 360 =	1-
	If the difference in column 1 is less than zero, enter "0" in column 2								450	OR	TOTAL	
		CLAIMS AS	AMENDE	ED - PART	11					_		<u> </u>
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=	Ī	X \$ 25 =		OR	X \$ 50 =	FEE
	Independent	*	Minus	***		=	I	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRE	SENTATION OF N	MULTIPLE DE	LTIPLE DEPENDENT CLA			ŀ	+ \$ 180 =		1		
					-		L	TOTAL ADDIT.		OR	+ \$ 360 =	
								FEE		OR	FEE .	
_		(Column 1)		(Column		(Column 3)						
ž ŀ		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	ndependent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+ \$ 180 =		ŀ		
							L.	OTAL ADDIT.		OR	+ \$ 360 = TOTAL ADDIT.	
								FEE _		OR	FEE .	
•••	THE THY HEST MU	mn 1 is less than the mber Previously Paid	FOR IN THIS C	DACC:								
								•				
• •	g	ber Previously Paid I	or (Total or In	dependent) is the	highe	st number found in ti	he a	ppropriate box in	Column 1.			

FORM PTO-875 (Rev. 02/2005)

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